SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Term Salary	Section I: Agreement De					
See Vas Contract Term: 12 - 13	Public Employer:	REGISTERE	D NURSES		County: BEI	RGEN
State	Employee Organization	LODI BOAR	RD OF EDU			
Pack	Base Year Contract Term: 12-13			13-14 14-15 15-16		
Seed	Type of Settlement	☐ Mediated Settlement ☐ Fa		ct-Finder Recommendation	→ Voluntary Settlement	
Seed						
173,536	2			Base Year - Total Costs	New Base Year - Total Cos	ita ent)
	Section II: Economic			12-13	13-14	
Item 3	Item 1	alary	new .	173,536	174,136	
Manual	-	ncrement	-			
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Item 12	*****	*	-		_	
Accidency large and part and agreement and a	-		-		-	
174 , 136	-	shaut	A della contract		-	
Section IV: Analyse of new successor agreement Total Base Year/previous agreement Total Base Year/pr			AUGUSTOPHI I TENTIS		-	
Section IV: Analyses of new successor agreement Total Sees in veriffice year previous agreement 174,136 Effective Date (m/s/yww) 7/1/12 7/1/13 7/1/14 7/1/15 Percent increase 0 2.11% 4.14% 1.99% Total sole of increase - 3672 3540 3612 174,136 177,808 181,348 184,960 section VI impact of Settlement - average annual increase over term of agreement Percentage impact (average per year over term of agreement) 2.75% 3608 section VI Sees impact (average per year over term of agreement) 1000 to or impact (average per year over term of agreement)	Section III: Totals - Sum of costs in each column			174,136	177,808	
Total Bases Year/grevious agreement 174 , 136				(Total)	(Total)	
Total Bases Year/grevious agreement 174 , 136				\ \ \		
The content of the	Section IV: Analysis of new succ	essor agreement	TO ANNOY TO SHOULD BE COME TO SHOULD SHOULD BE	NEW AGREEMENT ANALYSIS		A
Total cost of increase O 2.11% 4.14% 1.99% Total cost of increase - 3672 3540 3612 174,136 177,808 181,348 184,960 Baction V: Impact of Settlement · average annual increase over term of agreement Percentage impact (average per year over term of agreement) 2.75% 3608 Baction V Baction V Section VI Section VIII Section	Total Base Year(previous agreement	174,13	6	acon de cuation accordo.		
Total cost of increase O 2.11% 4.14% 1.99% Total cost of increase - 3672 3540 3612 174,136 177,808 181,348 184,960 Baction V: Impact of Settlement · average annual increase over term of agreement Percentage impact (average per year over term of agreement) 2.75% 3608 Baction V Baction V Section VI Section VIII Section	Effective Date (m/d/vvv)		7/1/12	7/1/13 7/1/14	7/1/15	
Total base salary (successor agreement)	Percent increase					
The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punisment.	Total cost of increase		_	3672 3540	3612	
Percentage per year over term of agreement) 2.75% 3608 Section VI The afth insurance (Indicate costs associated on each time) Service Contributions (1465) (2343) Prescription 6852 7400 Cental 4195 5593 ——— The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punisment.	Total base salary (successor agreem	wnQ .,,	174,136	177,808 181,348	184,960	
Dollar Impact (everage par year over term of agreement) 3608 Section VI The ability fluctuate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Plan 32379 37203 Employee Contributions (1465) (2343) Prescription 6852 7400 Cental 4195 5593 Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Health Insurance (Indicate costs associated on each shell Cost of Healt	Section V: Impact of Settle	ment - average annual inc	rease over term of agre	ement		
Section VI The afth Insurance (Indicate costs associated on each time) Cost of Health Insurance (Indicate costs associated on each time) Cost of Health Plan 32379 37203 Controller Controller (1465) (2343) Chrescybon 6852 7400 Chemial 4195 5593 Chrescybon The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punisment. Indicated the undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punisment.	Percentage impact (average per year	over term of agreement)	2.75%			
Peedly insurance (Indicate costs associated on each line) Cost of Health Plan 32379 37203 Employee Contributions (1465) (2343) Prescription 6852 7400 Janelli 4195 5593 Janelli	Dollar impact (average per year over	term of agreement)	3608			
See Year 3 3 7 2 3 3 7 2 3 3 3 3 3 3 3 3 3	Section VI					
Control Health Plan 32379 37203 Employee Contributions (1465) (2343) Prescription 6852 7400 Cental 4195 5593 ——————————————————————————————————	Health Insurance (Indicate costs asso	ociated on each the				
Prescription (1465) (2343) Prescription 6852 7400 Alignor 4195 5593 ——————————————————————————————————	Cost of Health Plan			37203		
The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punisment, and the foregoing items are false and is subject to punisment.	Employee Contributions					
The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punisment, action VII	Prescription					
The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punisment, action VII	Denial					
ection VII	Vision					
ection VII	The condition to the					
Proposed has		that the foregoing figures	are true and is aware	that if any of the foregoing items are f	laise, s/he is subject to punisment.	
Print Name War A Capizzi Print Name Ulaus A. Coam Date: 6/27/13						
Wace a. Copin Date: 6/27/13	rrepared by:	Mr. Mar	Print Name	zzi	Austriess Adm	/ Board S
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